

MARYLAND HEALTH QUALITY AND COST COUNCIL

Quarterly Meeting

December 19, 2014

Leading the Way
to Better Healthcare



Introduction to VHQC

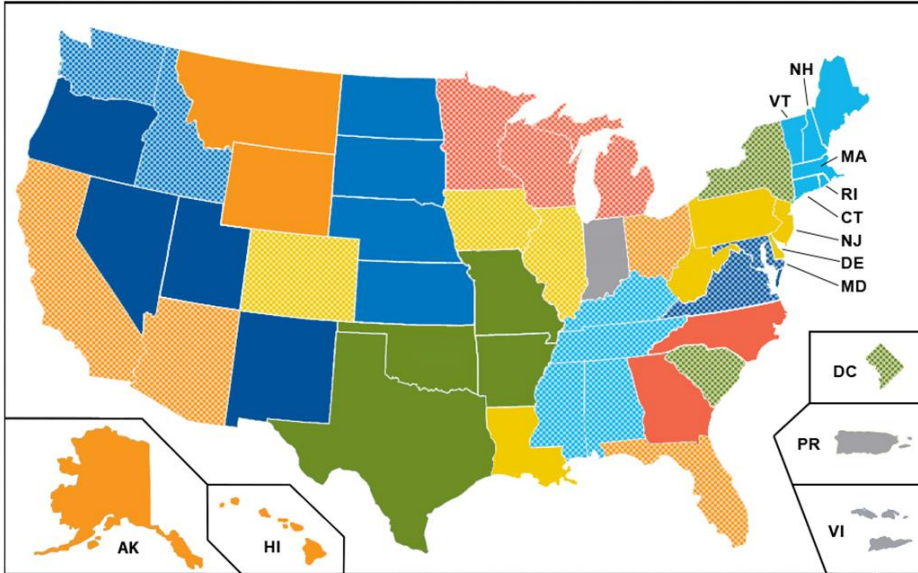
QIN-QIO Maryland and Virginia

December 19, 2014

VHQC Overview

1. Private, nonprofit healthcare consulting firm
2. Virginia's QIO since 1984
3. Health IT Regional Extension Center

QIO Program Changes



Quality Innovation Network QIOs (QIN-QIOs):

- Regionalized and cover 2 to 6 states
- QIO contract cycle extended to 5 years

VHQC is the QIN-QIO for Maryland and Virginia.

QIN-QIO Aims

Better Health

- Improving cardiac health & reducing cardiac disparities
- Reducing disparities in diabetes care
- Coordinating prevention through HIT

Better Care

- Reducing healthcare-associated infections
- Reducing healthcare-acquired conditions
- Coordinating care to reduce readmits & adverse drug events

Lower Costs

- Quality improvement through physician value-based modifier
- Local QIO projects

Cardiac Health

Goal: Implement evidence-based practices to improve cardiac health and reduce disparities

Settings: Home health agencies, physician practices

Benefits: Training and resources to support improved use of the ABCS, better engagement with patients and participation in PQRS among eligible providers

Everyone with Diabetes Counts

Goal: Improve the quality of life of patients with diabetes and prevent complications such as kidney failure, amputation, vision loss and stroke

Audiences: Healthcare providers, certified diabetes educators, community health workers

Benefits: Enroll patients in diabetes self-management courses, develop train-the-trainer programs for diabetic educators

Eliminate Infections

Goal: Decrease the SIR nationally, prevent infections including CLABSI, CAUTI, CDI and VAE

Settings: Hospitals

Benefits: Training and resources to help implement practices that reduce infections, minimize spending associated with longer hospital stays, improve patient satisfaction

Nursing Home Care

Goal: Instill QI practices, reduce the utilization of unnecessary antipsychotic medications, improve mobility, reduce rehospitalizations, and improved composite quality measure score.

Settings: Nursing homes in Maryland and Virginia

Benefits: Training and resources to improve quality measures, survey performance, and engage residents and families

Care Transitions

Goal: Reduce rehospitalizations by 20% and reduce hospitalizations by 20%

Settings: Hospitals, nursing homes, physicians, support providers, community organizations, home health agencies

Benefits: Support to create a community coalition to improve care coordination and data and analytic support to monitor progress over time

Adverse Drug Events

Goal: Reduce ADEs that result in patient harm or contribute to unnecessary hospitalizations

Settings: Pharmacies, clinical pharmacists working in ambulatory/long-term care

Benefits: Support to help providers screen beneficiaries at risk for ADEs, resources to help patients manage medications

Quality Measure Reporting/REC

Goal: Improve participation in PQRS, increase performance related to payment incentive programs

Settings: Physician practices, hospitals, PCHs, IPFs, ASCs

Benefits: Successful participation in incentive programs, improve performance on key quality measures

Disparities

1. All projects will consider social determinants of health and identify strategies to minimize those risks
2. Racial/ethnic minorities at higher risk for diabetes, stroke and other conditions

Patient & Family Engagement

1. Patients and families are an important partner in QI
2. Patients and advocates will be involved in each of our projects and advisory committees

Learning Networks

1. Online community forum
2. Opportunities to share successes, challenges
3. Virtual and face:face educational events
4. Supported by advisory committees featuring membership in both states

Contact VHQC

Sheila McLean, MBA, CPHQ, LNHA
Program Director, Maryland
smclean@vhqc.org
(804) 289-5320

Questions and Answers



This material was prepared by VHQC, the Medicare Quality Innovation Network Quality Improvement Organization for Maryland and Virginia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. VHQC/11SOW/12/2/2014/2051